STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	
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DISTRIBUTION OIL CONSERVA	ATION DIVISION Page 1
	DX 2088
LAND OFFICE	V MEXICO 87501
TRANSPORTER OIL	$\sum_{i=1}^{n} 2i $
REQUEST FO	RALLOWABLE
A	ND PORT OIL AND NATURAL GAS
<u>I.</u>	PORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	. :
Reason(s) for filing (Check proper box)	Other (Please explain)
New Vell Change in Transporter of:	Name Change Effective 7-1-85
	ry Gda
X Change in Ownership Casinghead Gas C	
If change of ownership give name Gulf Oil Corp., P. O. H	Box 670, Hobbs, NM 88240
and address of previous owner Out off Oorpo, 1: 0. 1	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Narie, Including to	ormetijon Kind of Lease Lease No. State, Federal of Fee #
Location	
Unit Letter H : 1920 Feet From The 11th Lin	e and 330 Feet Front The Sait
Line of Section 12 Township 2125 Range 3	6E NMPM, ACA County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	C 15
Name of Authorized Transporter of Cil Or Condensate	Adatess (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cil or Condenscie	Addiess (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cli or Condensate	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Trainsporter of Cil or Condensate : Name of Authorized Trainsporter of Casinghead Cas or Dry Gas : Van Authorized Transporter of Casinghead Cas or Dry Gas : Cl. Paso Tatural Has Co. Unit Sec. 1700. Bas.	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) DOLL 1492 EL Paso, SLY 79999
Name al Authorized Transporter at CII or Condensate : Mare al Authorized Transporter at Casinghead Cas or Dry Gas : U Paso Tatural Has Co.	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) DOLI 1492 (L Paso, SLV 79999
Name of Authorized Transporter of Cil or Condensate : Name of Authorized Transporter of Casinghead Cos or Dry Gas : Unit Sec. Twp. Rge. If well produces oil or liquids, give location of tanks.	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) DOLI 1492 (1900, 24 79999 Is gas actually connected? Men 124 MO207
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